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Bib Data Sheet

CONFIRMATION NO. 8025

SERIAL NUMBER 10/687,433	FILING DATE 10/16/2003 RULE	CLASS 600	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 279.347US2
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/738,869 12/15/2000 PAT 6,665,558

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u> </u> Examiner's Signature Initials	STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS

21186
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TITLE

System and method for correlation of patient health information and implant device data

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

3070

☐ 1.18 Fees (Issue)☐ Other _____☐ Credit